INdiana Scheduled Prescription Electronic Collection & Tracking

INSPECT PROGRAM

402 West Washington Street, Room W 072
Indianapolis, IN 46204

inspect@pla.in.gov

Indiana Scheduled Prescription Electronic Collection and Tracking

Pharmacies of Indiana:

This information packet serves to reiterate changes that were completed to Indiana's prescription monitoring program as of January 01, 2005. For the past several years, dispensers have sent this information to Atlantic Associates, which in turn has provided the information to the Controlled Substances Advisory Committee (CSAC). In January, 2004, CSAC adopted a rule that requires pharmacies to collect the *same information* for schedules II, III, IV and V and submit this data to the INSPECT Program.

Effective January 1, 2005, **each time a schedule II, III, IV or V** controlled substance is dispensed, the dispenser will be required to collect the following information:

(A) The recipient's name.
(B) The recipient's or the recipient representative's identification number.
(C) The recipient's date of birth.
(D) The national drug code number of the controlled substance dispensed.
(E) The date the controlled substance is dispensed.
(F) The quantity of the controlled substance dispensed.
(G) The number of days of supply dispensed.
(H) The dispenser's United States Drug Enforcement Agency registration number.
(I) The prescriber's United States Drug Enforcement Agency registration number.
(J) An indication as to whether the prescription was transmitted to the pharmacist orally or in writing.

This data collection is no different than the information dispensers were collecting for schedule II controlled substances. The only change is that dispensers are now collecting and submitting this information for schedule II, III, IV, and V controlled substances.

In accordance with IC 35-48-7-8, the above information is required to be submitted within fifteen (15) days after the date on which the controlled substance is dispensed. **Starting July 1, 2007 dispensers will submit to the INSPECT Program controlled substance data within seven (7) days from the date dispensed.**

In accordance with IC 35-48-7-8, a dispenser shall transmit the required information by one of the following methods:

1. an electronic device compatible with the receiving device of the central repository,
2. a computer diskette, or
3. a magnetic tape

The specifications for the available data submission methods are outlined below:

DATA SUBMISSION OPTIONS

1. **Pharmacy Upload**

   Our software system gives dispensers the ability to upload their data on a secure website, which utilizes 128-bit encryption. The submitted file must be in ASAP r.5/95 format (as shown on pages 7-10). The file name should be the username, (which is your NCPDP number) followed by the date of submission and followed by **.DAT**. Therefore, if your pharmacy NCPDP number is 1500000 and you are submitting on March 1, 2007, the file would look like this: 1500000030107.dat.

   Please inform your software vendors that you will need to be able to upload your data in the ASAP r.5/95 format as a .DAT file.

   This data submission method is the only method that has the security infrastructure to protect the patient's personal health information that you are submitting to the INSPECT database.

   Additionally, dispensers must be able to access CSAC's secure website. This will require an internet connection either in the pharmacy, **or** at the location that is responsible for transmitting data (i.e. a main office or corporate office of the pharmacy).

2. **CD-Rom, CD-R, CD-RW, or 3-1/2"diskette**

   Data must be submitted in the ASAP r.5/95 format.

   The file name should be the username, (which is your NCPDP number) followed by the date of submission and followed by **.DAT**. Therefore, if

your pharmacy NCPDP number is 1500000 and you are submitting on March 1, 2005, the file would look like this: 1500000030105.dat. Please print the file name on the CD/diskette.

These media forms must be mailed to:

INSPECT Program
402 West Washington Street, Room W 072
Indianapolis, IN 46204

3. **Magnetic Tape**
   Data may be submitted in the ASAP r.5/95 format (ASCII or EBCDIC) on a DAT-72 36/72GB tape cartridge.

   External label must contain: NCPDP Number and Date of Submission
   Magnetic Tapes must be mailed to:

INSPECT Program
402 West Washington Street, Room W 072
Indianapolis, IN 46204

MASS DATA SUBMISSION

Chain Pharmacies and Community Pharmacies with multiple facilities may submit one data transmission on behalf of all of their facilities. They may do so utilizing **any of the data submission methods described above**. If they wish to do so, they must appoint one point of contact for all of their data submissions. **To obtain a mass data account, please contact the INSPECT staff at inspect@pla.in.gov. Prior to submitting data to the INSPECT repository, all pharmacies should check with their software vendor to see if they are capable of reporting via our secure website pharmacy upload service, as this method is far more secure, accessible and efficient.**

ERROR RESUBMISSION

Controlled substance data submissions that generate errors due to incorrect or a deficiency in required data at standard submission are to be corrected and resubmitted by the next scheduled reporting period.

Pharmacies that use the website to upload data can accomplish this by revisiting the website twenty-four (24) hours after the data upload. Pharmacies that submit data by diskette, CD/CD-R/CD-RW and magnetic tape will be sent an error report, which will be mailed to the pharmacy.
Pharmacies should disregard the "duplicate" error and the "Unable to Parse record" error on their error reports.

REJECTION

The entire data file will be rejected if it does not meet the requirements specified. Pharmacies that utilize the website to upload data will be responsible to assure that the data has been successfully transmitted. In the case of diskette, CD Rom/CD-R/CD-RW and magnetic tape, the media will be immediately returned.

ASSISTANCE AND SUPPORT:

1. The INSPECT staff is available to provide assistance and information to individual pharmacies, chain pharmacies, software vendors, and other entities required to submit data. Technical support is available to meet the program requirements. Please contact inspect@pla.in.gov to receive assistance and support.

2. The State of Indiana will act as the final interpreter of regulations.

3. Individual pharmacies are advised to contact their software vendor if the file is having abnormal termination or formatting issues. Inform your software vendor that you must be able to upload a ".dat" file (in the ASAP r.5/95 format) to a secure website. If your vendor has questions please direct them to contact INSPECT staff at inspect@pla.in.gov.

COMMON QUESTIONS AND ANSWERS

1. **WHAT IF THE PHARMACY/DISPENSER DID NOT FILL ANY CONTROLLED SUBSTANCE PRESCRIPTIONS IN THE REPORTING PERIOD?**
   Please complete and submit the Online Zero report form available at: http://www.in.gov/pla/3049.htm for the time period that the facility dispensed zero controlled substances.

2. WHAT PHARMACIES ARE EXEMPT FROM REPORTING TO THE PRESCRIPTION MONITORING PROGRAM?

1.. A nurse registered or licensed under IC 25-23 or a medication aide who administers a controlled substance at the direction of a physician licensed under IC 25-22.5.

2. A person who administers or dispenses a controlled substance ordered for a bona fide patient in a facility licensed under IC 16-28.

3. A pharmacy licensed under IC 25-26-13 when it dispenses prescriptions ordered for bona fide patients in facilities licensed under IC 16-28.

4. A practitioner who dispenses not more than forty-eight (48) hour supply of controlled substance listed in either schedule II, III or IV as set forth in IC 35-48-3-9.

3. HOW ARE COMPOUND PRESCRIPTIONS TO BE RECORDED?

Prescriptions compounded by the pharmacist and containing a controlled substance must be reported.

The NDC number of the controlled substance ingredient must appear in the NDC field and the actual metric quantity of the controlled substance used in the compounding is reported in the quantity field.
If more than one controlled substance is used, the total net of all controlled substance ingredients is reported as the quantity and the NDC number is reported as eleven "9"s (99999999999).

4. WHAT DATA IS MANDATORY?

The State of Indiana requires that each SCHEDULE II, III, IV and V prescription submitted contain the following data:

1. The dispenser's NCPDP number. (aka the NABP number.)
2. The recipient's or the recipient representative's identification number.
3. The recipient's date of birth.
4. The date the controlled substance is dispensed.
5. The prescription number.
6. The quantity of the controlled substance dispensed.
7. The number of days of supply dispensed.
8. The national drug code (NDC) number of the controlled substance dispensed.
9. The prescriber's United States Drug Enforcement Agency registration number.

10. The recipient's first and last name.
11. The recipient's full address, street, state, zip code.

5. WHAT FORMS OF CUSTOMER IDENTIFICATION ARE ACCEPTABLE?

A) A valid driver's license of a recipient or a recipient's representative issued under Indiana law or the law of any other state.

B) A recipient's or a recipient representative's valid military identification card.

C) A valid identification card of a recipient or a recipient's representative issued by:

(i) the bureau of motor vehicles as described in IC 9-24-16-3; or
(ii) any other state and that is similar to the identification card issued by the bureau of motor vehicles.

D) If the recipient is an animal:

(i) the valid driver's license issued under Indiana law or the law of any other state;
(ii) the valid military identification card; or
(iii) the valid identification card issued by the bureau of motor vehicles and described in IC 9-24-16-3 or a valid identification card of similar description that is issued by any other state;
of the animal's owner.

Please note that the following numbers should be submitted only if a BMV-issued ID number is not available.

1. Social Security Number
2. "2" followed by the unique number on a Passport
3. "3" followed by the unique number on an official identification issued by the US Citizenship and Immigration Services

E) **What should I use for a customer ID number if no license or SSN is available?**

It is acceptable to use the program designated number "9999999" to submit for a customer ID if none is available.

IC 35-48-7-5:
(2) The identification number or phrase designated by the central repository.
As added by P.L.163-1994, SEC.5.

6. HOW DO I OBTAIN A USERNAME AND PASSWORD TO ACCESS THE INSPECT WEBSITE?

Visit www.in.gov/inspect and click Register to go to the registration application. If you need to register a pharmacy to upload controlled substance data, click "Pharmacy" as the user job and provide the NABP number (NCPDP) of the pharmacy. If you are a Practitioner (Physician, Nurse Practitioner, Pharmacist, Doctor of Osteopathy, Physician's Assistant, etc.) wishing to register for an individual account to request Patient Rx History reports, then choose "Practitioner" as your user job and provide both your professional license number and DEA number. Pharmacists registering for individual accounts may leave the space for a DEA number blank. Be sure to provide a secure, private email address for the registering individual, as it is against policy to send a user's confidential login information to an office-wide email or a third-party email address.

Applications are reviewed within 1-2 business days and a response is sent to the email address in the registration.

7. IN WHAT FORMAT MUST I SUBMIT MY DATA?

The format must include the following criteria:

1. Fixed length ASCII text files with one record (line) per prescription.
2. Carriage return and a line feed at the end of each record.
3. Each fixed length (222 characters) record in the file should follow the following layout:

State of Indiana - ASAP R.5/95 Telecommunications Format for Controlled Substances

Field Name	Field Format	Field Length	Positions
**Identifier	A/N	3	001 - 003
Bin	N	6	004 - 009
Version Number	N	2	010 - 011
Transaction Code	N	2	012 - 013
**Pharmacy NABP #	A/N	12	014 - 025
**Customer ID Number	A/N	20	026 - 045
Zip Code	A/N	3	046 - 048
**Birth Date	N	8	049 - 056
Sex Code	N	1	057 - 057
**Date Filled	N	8	058 - 065
**Rx Number	N	7	066 - 072
New - Refill Code	N	2	073 - 074
**Metric Quantity	N	5	075 - 079
**Days Supply	N	3	080 - 082
Compound Code	N	1	083 - 083
**NDC Number	N	11	084 - 094
**Prescriber DEA Number	A/N	10	095 - 104
DEA Suffix	A/N	4	105 - 108
Date Rx Written	N	8	109 - 116
Number of Refills Authorized	N	2	117 - 118
Rx Origin Code	N	1	119 - 119
Customer Location	N	2	120 - 121
Diagnosis Code	A/N	7	122 - 128
Alternate Prescriber #	A/N	10	129 - 138
**Patient Last Name	A/N	15	139 - 153
**Patient First Name	A/N	15	154 - 168
**Patient Street Address	A/N	30	169 - 198
**Patient State	A/N	2	199 - 200
**Patient Zip Code (Extended)	A/N	9	201 - 209
Triplicate Serial Number	A/N	12	210 - 221
Filler	A/N	1	222

NOTE: All **A/N** fields must be left justified, right blank filled, and all **N** fields are right justified, left zero filled.

**** Required Field (applicable to the State of Indiana).**

State of Indiana / ASAP R.5/95 Telecommunications Format Field Definitions

Field Name	Definition	Values/ Comments
Identifier	Use ASB	①
BIN		②
Version Number		②
Transaction Code		②
Pharmacy Number	NCPDP/NABP	①
Customer ID Number	Customer Identification Number.	①
Zip Code	3 digit US Postal Code identifying the state code	②
Birth Date	Customer's birth date	① - YYYYMMDD
Sex Code	Sex / Gender of the patient	②1=Male 2=Female 3=Animal
Date Filled	Date the prescription was filled	① - YYYYMMDD
Rx #	Prescription number assigned by the pharmacy	①
New-Refill Code	Code indicating whether the prescription is new or refill	②00=new 01=refill
Metric Quantity	Number of metric units of drug being dispensed	①
Days	Estimated number of days the prescription will last	①

Supply		
Compound Code	Code indicating whether or not the prescription is a compound medication	② 1= non-compound 2= compound
NDC Number	National Drug Code of the drug dispensed	① - (5-4-2) format
Prescriber ID	DEA # of the prescribing physician	①
DEA Suffix	DEA Suffix	②
Date Rx Written	Date the Rx was written	② **YYYYMMDD**
Number of Refills Authorized	Number of refills authorized by Prescriber	②
Rx Origin Code	Code indicating the origin of the prescription	②
Customer Location	Code indicating location of patient (customer)	②
Diagnosis Code	ICD-9 or CPT code provided by Prescriber	②
Alternate Prescriber	State license number or HIN. To be included if DEA number field is for an institution rather than the prescriber.	②
Patient Last Name	Patient Last Name	①
Patient First Name	Includes middle initial and suffix	①
Patient Address	Street or PO Box #	①
Patient State	Standard 2-digit State abbreviation (example: VA).	①

Patient Zip Code	Full zip code (including 4-digit suffix if available).	①
Triplicate Serial #	# Assigned to triplicate Rx document by States with triplicate programs.	②
Filler	Filler	②**Use "1"**

①. Required Field for Indiana Controlled Substance reporting.
②. Optional field for Indiana Controlled Substance reporting.

UPDATES

CSAC's staff will mail the following information in the coming months:

1. July 1, 2007, pharmacies are required to report seven (7) days from the date a controlled substance is dispensed
2. The Universal Claim Form and Magnetic Tape will not be acceptable forms for submission as of July 1, 2007.

As of January 1st, 2009, Type II pharmacies are required to report all outpatient controlled substance dispensations to the INSPECT database within seven (7) days of the dispensation of the prescription.